

B. Agency Capacity

WISCONSIN STATE STATUTES RELEVANT TO TITLE V MCH/CSHCN PROGRAM AUTHORITY

In 1993 Wisconsin Act 27, created Chapters 250-255 that significantly revised public health law for Wisconsin. See Appendix 2, Wisconsin Act 27, Chapter 253 in its entirety.

//2004/ Currently the DPH is working on the revisions to the public health statutes ch. 250-251 Wis. Stats. with the intent to specifically include public health educators and public health nutritionists.

DHFS recently made two administrative rule changes addressing the birth and developmental outcome monitoring program (ss. 253.12) and the congenital disorders program (ss. 253.13). 1999 Wisconsin Act 114, enacted on May 8, 2000, replaced the Birth and Developmental Outcome Monitoring Program with the Birth Defect Prevention and Surveillance System. For the congenital disorders program, the Department initiated an emergency rule to add five aminoacidopathies to the existing Newborn Screening (NBS) Panel. We estimate that two to three babies will be detected with one of these five disorders annually. //2004//

TITLE V MCH/CSHCN PROGRAM'S CAPACITY TO PROMOTE AND PROTECT THE HEALTH OF MOTHERS AND CHILDREN, INCLUDING CSHCN

Wisconsin's designated Title V MCH/CSHCN Program is the DPH, Bureau of Family and Community Health (BFCH), Family Health Section (FHS). We work in collaboration with other state agencies and private organizations, LPHDs, and community providers to assure that adequate health care services are delivered to mothers, children, and families in Wisconsin. See the Family Health Section website for further information at www.dhfs.stat.wi.us/DPH_BFCH.

//2004/ This spring, we submitted two new grant applications to build additional agency capacity for Title V MCH/CSHCN programming. The Title V MCH/CSHCN Program submitted the Early Childhood Comprehensive Systems (ECCS) Grant. Wisconsin plans to build on the established partnership of representatives (from more than 50 public and private, state and local agencies who have focused on early childhood issues for the past 10 years) to move the early childhood health system forward in Wisconsin. The Title V MCH/CSHCN Program is applying for a Centers for Disease Control and Prevention (CDC) Cooperative Agreement that will help us improve our birth defects prevention and surveillance activities in Wisconsin. //2004//

State Support for Communities - The 1993 Wisconsin Act 27 established the principle that public health services in Wisconsin are the responsibility of the LPHDs. In January 2000, DPH put forward a consolidated contract plan to align the procurement practice for key public health services at the local level with this statutory directive. LPHDs are required by statute: to assess the community health status and available resources; to review and develop policy resulting in proposals to support and encourage better health; and to assure that needed services are available.

The consolidated contract process pulls together federal and state health-related funding, such as Title V MCH/CSHCN Program MCH, Prevention, Immunization, Lead, Tobacco, and Women's Cancer Control, into one single contract. In addition to the accounting change, there are program requirements that include: meeting specific quality criteria, negotiating performance-based objectives, outlining risk and recoupment strategies if objectives are not met, and identifying incentives if performance exceeds expectations. The Family Planning/Reproductive Health Program is not a part of the consolidated contract accounting process, but must follow the same program requirements as mentioned above. The same is true for the Women, Infants and Children (WIC) Program. The Native American tribes did not participate in the consolidated contract process in 2000, however negotiations continue.

The consolidated contract plan places LPHDs at the center of either the provision of those services or in the local management of those services if provided by non-public organizations. In instances where the LPHD did not want to provide or subcontract services the state assumed a primary responsibility and assurance role by making the funds available for interested agencies or organizations through a competitive process.

/2003/ There were 100 consolidated contracts issued to 92 LPHDs and eight contracts to seven private providers. Thirty-four LPHDs participated in consortiums. Of 1,075 total objectives, only 75 (with over 45 contracts) had less than 100% attainment. Of those, 31 objectives were subject to recoupment totaling \$39,442.

An evaluation effort initiated by John Chapin, DPH Administrator is in progress. A final report will be presented to the Department of Health and Human Services (DHHS), CDC, and Wisconsin DPH representatives in August 2002.

In order to make improvements in the 2003-2006 cycle, 14 subcommittees were formed to deal with program and process issues.

The MCH Subcommittee on Performance-Based Contracting recommended eliminating the four MCH themes and instead, focus on the state public health plan's 11 health priorities. Recommendations to change the consolidated contract formula were made to include males, birth to 44, in the target population; and to take into account the unique travel needs inherent in rural areas. This will be done by calculating persons per square miles. The Family Planning/Reproductive Health Program and the WIC Program are participating in the performance-based contract process. Negotiations continue with the Native American tribes. State and regional staff have conducted several consolidated contract trainings with the Native American tribes.

/2004/ LPHDs are becoming more comfortable with the concept of "accountability" and the importance of achieving population-based health outcomes. The aforementioned UW evaluation is not yet completed. A list of the 2003 MCH consolidated contract objectives is found in Appendix 3, MCH Consolidated Contract Objectives. Title V MCH/CSHCN Program funded services in the 2003 consolidated contract implemented

services based on revised Boundary Statements. Services should increase healthy birth outcomes, and/or promote optimal growth and development for children and their families. //2004//

City of Milwaukee Non-Public Provider of MCH Services - The City of Milwaukee was the only LPHD that did not accept its entire MCH allocation. Therefore, a competitive Request for Proposal (RFP) was released.

The MCW was funded to provide comprehensive health services for adolescents and teen parents. St. Mary's Hospital and Sixteenth Street Community Health Center were funded for perinatal care coordination, and targeting Latino pregnant women not eligible for Medicaid.

/2003/ No significant change.

/2004/ The MCW continues to provide health evaluations, screenings, and services at their community clinic and outreach sites through the Milwaukee Adolescent Health Program (MAHP). Necessary immunizations, reproductive health care, substance abuse and mental health screening are provided.

//2004//

New MCH Data System: SPHERE - During FFY 2003, the existing MCH Data System and the Family Planning/Reproductive Health Data System will be replaced with a state-of-the-art web-based application. The initial phase of SPHERE (Secure Public Health Electronic Record Environment) will be completed by January 2003 to help meet federal reporting requirements (Title V MCH/CSHCN Program demographics and national and state performance measures). It will be designed to document and report on statewide maternal and child health services and interventions, health status indicators and outcome measures for individuals, families, and the community.

SPHERE will be developed by the University of Wisconsin Department of Information Technology (UW DoIT). It will be incorporated as a Program Application Model (PAM) within the CDC/Public Health Data Model also known as National Electronic Disease Surveillance System (NEDSS). There will be an integrated data repository for all data captured or transferred from external systems. The web-based system will provide secure access by end-users and role-base security for the application.

/2004/ We have worked to make enhancements to SPHERE such as a connection to the WIC system and electronic billing. SPHERE meets security and privacy requirements for applicable public health data. SPHERE documents activities related to the following levels of public health practice:

Individuals/Household: Changes in knowledge, attitudes, beliefs, practices, and behaviors of individuals and households; Community: Changes in community norms, community attitudes, awareness, practices, and behaviors; System: Changes in organizations, policies, laws, and power structures. Within SPHERE, public health activities are documented using 18 public health interventions. //2004//

STATE PROGRAM COLLABORATION WITH OTHER STATE AGENCIES AND PRIVATE ORGANIZATIONS

The FHS has contracted with several agencies to address important statewide MCH and CSHCN issues. These statewide and regional projects are not a part of the consolidated process.

Statewide Services for Sudden, Unexpected Infant Death (Population Based) - The goals of the Infant Death Center of Wisconsin (IDC-W), are to: 1) Provide information, counseling and support to families, child care providers, health care providers, and others who are affected by the sudden, unexpected death of an infant, 2) Engage in collaborative outreach, educational, and infant mortality review activities that will result in the reduction of preventable infant deaths, and 3) Maintain a database on sudden, unexpected infant death in collaboration with the public health system and national infant mortality review programs.

/2003/ The IDC-W provided 2,572 contacts to 401 families for information and support service reflecting a 13% increase in contacts and a 24% increase in families served from 2000. The Center developed a curriculum for SIDS risk reduction education for ninth grade students in collaboration with teachers and distributed the curriculum to 500 schools and LPHD.

/2004/ *The IDC-W provided 2,076 contacts to 366 families for bereavement support. Additional support services include: facilitating support groups, distributing a newsletter, conducting memorial programs, hosting an annual family conference and providing internet information. Educational sessions on Reducing the Risk of Sudden Infant Death in the Childcare Setting was conducted at 53 sites to 1,973 childcare providers. The curriculum is now incorporated in the vocational schools childcare curriculum and available online through the Northeast Wisconsin Technical College. (The IDC-W director collaborated with La Causa to disseminate risk reduction information to Spanish speaking day care providers). Similar educational sessions were provided for community health nurses and outreach workers at Great Lakes Inter-Tribal Council. The IDC-W director serves as chair of the Planning Committee for Healthy Babies in Wisconsin: A Call to Action. //2004//*

Statewide Perinatal Health System Building Program - Wisconsin Association for Perinatal Care (WAPC) is the grantee for the Title V MCH/CSHCN Program funds.

/2003/ The mission of WAPC is to improve perinatal outcomes by:

- Leading collaborative efforts that promote, develop, and coordinate systems of perinatal care in Wisconsin.
- Providing and supporting professional educational programs that focus on the continuum of perinatal care.
- Valuing and engaging the talented and diverse community of perinatal health care advocates.
- Increasing public awareness of perinatal health. WAPC conducted activities addressing perinatal education and early hearing detection and intervention in 2001.

/2004/ *For 2002, perinatal depression was a major WAPC focus. WAPC reconvened the Perinatal Depression Task Force with partners from the DPH, Division of Supportive Living (DSL), and parents to develop educational materials and presentations for providers. Efforts were underway with the Perinatal Foundation to increase awareness of perinatal mood disorders through development of post cards and posters and planning for a symposium. Peripartum concerns included: the prevention of postpartum*

hemorrhage in conjunction with the ACOG Wisconsin Section and maternal and infant transfer from community hospitals to perinatal centers. Regarding Infant Health Care and Family Support, WAPC worked with the Milwaukee Health Department to develop a consumer education message that targets strategies to reduce the risk of infant death. Local WAPC contacts were surveyed to identify bereavement services throughout the state. Other activities included the promotion of Baby Steps with NICUs in Wisconsin and Minnesota. Perinatal nutrition efforts supported the work of the Breastfeeding Coalition. WAPC implemented the Breastfeeding Educator Program funded by the Perinatal Foundation and WIC and facilitated a session for 62 experienced breastfeeding educators. Early Hearing Detection and Intervention (EHDI) activities included working with the Wisconsin Sound Beginnings (WSB) Program to plan, implement and evaluate a two-day Champions Meeting about EHDI for 50 participants. //2004//

Statewide Child Health System Building Program - The Children's Health Alliance of Wisconsin (CHAW) housed at Children's Hospital of Wisconsin in Milwaukee provides *Child Health System Building* services statewide. The goals are to build partnerships with diverse organizations and individuals to strengthen the health care system, thereby assuring improvement in the health and well-being of all Wisconsin children. MCH provides the major funding as well as ongoing involvement with the staff and Board of Directors of CHAW through attendance at all Board and Executive Council meetings. MCH management is updated regularly about CHAW activities and meets at least twice annually with CHAW to discuss present and emerging child health issues. Two major activities focused on are health coverage and dental access for children.

/2003/ In 2001, CHAW conducted a Pediatric Asthma Summit and provided leadership to the Wisconsin Asthma Executive Committee. A totally redesigned CHAW's website: www.chawisconsin.org was put in place.

/2004/ *The Board of Directors transitioned to function as an Advisory Board and by-laws have been redrafted to reflect this change. Three new Board members have been added and represent diverse populations. A quarterly newsletter with an "MCH Spotlight" is distributed to approximately 3,500 people statewide. The Children's Health Alliance continues to provide leadership to the Wisconsin Asthma Executive Committee. Over 40 "listening sessions" were conducted statewide for input to the proposed state asthma plan and a second Asthma Summit was held on May 9, 2003. //2004//*

Statewide Genetic Services - The University of Wisconsin Madison, Clinical Genetics Center has subcontracts with: LaCrosse Regional Genetics Program; Northwest Regional Genetics Program; MCW; and ARC-Wisconsin to provide genetic consultation and education in all regions of the state.

/2003/ During 2001, additional effort was made to collaborate with family-centered support groups, expand the genetic services into Racine, and expand genetic services in Ashland and Rhinelander clinics. In August 2001, the two-year genetics planning grant, funded by the MCH Bureau, ended. One of the products was a Genetics Services Plan for Wisconsin. Another product was the establishment of a genetics

website: www.slh.wisc.edu/genetics. A copy of the Genetics Services Plan can be downloaded from the website.

/2004/ No significant change. //2004//

Public Health Information and Referral (PHIR) Services for Women, Children and Families (hotline services) - Gundersen Lutheran Medical Center - LaCrosse provides services for the *PHIR Services for Women, Children and Families* contract. The contract supports services for four different hotlines that address a variety of MCH issues to include: Healthy Start, Prenatal Care Coordination (PNCC), WIC, family planning, and women's health. One hotline, Wisconsin First Step, is specifically dedicated to supporting the needs of the Birth to 3 Program and the Regional CSHCN Centers. See Section IV. E. Other Program Activities – Discussion of Toll-Free Hotlines.

The MCH Hotline received 8,242 calls for CY 2000, an increase of 720 calls from 1999. Wisconsin First Step received 1,120 calls for CY 2000 (note: this is the first year Wisconsin First Step has been a part of this contract).

/2003/ The MCH Hotline received 8,976 calls in 2001; an increase of 734 calls from 2000. The Wisconsin First Step Hotline received 1,616 calls in 2001; an increase of 496 calls from 2000.

/2004/ The MCH Hotline received 8,660 calls in 2002; a decrease of 316 calls from 2001. The Wisconsin First Step (CSHCN) Hotline received 2,098 calls in 2002; an increase of 482 calls from 2001. In addition to the toll-free hotlines, the website www.mch-hotlines.org has become a well-utilized resource. In 2002 the website averaged 5,969 hits per month, 8,627 sessions per month (when users navigated to more than one page while on the website) and 1,491 hits to the searchable database feature per month (which contains over 3,000 local, regional, statewide, and national agencies organizations). The annual formal update to the database occurs in the fall. //2004//

Regional MCH Education and Training Project - In January 2001, each of the five DPH Regional Offices received \$20,000 to support a Regional MCH Education and Training Project. The goal of this project is to assure the basic capacity and competency of local public health staff (public health educators, nurses, and nutritionists) to effectively address MCH needs at the local level. Each regional office, with assistance from central office, developed a unique training plan to address the specific needs of local public health staff within its jurisdiction. Priority training needs that were identified include electronic record keeping, utilizing the internet, team/coalition building, marketing and data collection, as well as new and emerging public health issues and technologies.

/2003/ In November 2001, DPH Regional Offices co-sponsored a two-day workshop on community needs assessment at two locations in Wisconsin. The workshop provided insight and training on how to plan, conduct, and implement a needs assessment process.

/2004/ Each DPH Regional Office hosted a one-day workshop entitled Using Data to Evaluate the Health of Your Community. The session provided training and resources on how to utilize the Wisconsin Healthy

People 2010. DPH Regional Offices presented a variety of other training sessions: Nutrition Education for Nurses and Nutritionists; Nutrition Services for Children with Special Health Care Needs; Current Topics in Child Growth Development; Pediatric Obesity: Trends, Causes and Effective Interventions; Physical Activity Strategies for Communities and Schools; Nutrition for the Prenatal, Postpartum Woman and Young Child; 3 Steps to Breastfeeding Counseling; Community Nutrition: Turning Point for the Future; Facilitation Education; and Skills Building on Developmental Screening of Children. //2004//

Regional CSHCN Centers - In January 2001, the Title V MCH/CSHCN Program awarded contracts totaling \$1,370,000 to continue funding the Regional CSHCN Centers in each of the five DPH regions to form a statewide, integrated system for children with special health care needs and their families by increasing the capacity of local communities to serve families. The goals of the Regional CSHCN Centers are to:

- Provide a system of information, referral, and follow-up services so all families of children with special health care needs and providers have access to complete and accurate information.
- Promote a parent-to-parent support network to assure all families have access to parent support services and health benefits counseling.
- Increase the capacity of LPHDs and other local agencies, such as schools, to provide service coordination.
- Work to establish a network of community providers of local service coordination.
- Initiate formal working relationships with LPHDs and establish linkages for improving access to local service coordination.

/2003/ The Regional CSHCN Centers focused on outreach, and brochure development. A poster, similar to the Regional CSHCN Centers brochure, was developed in English and will be developed in Spanish. See Appendix 4, “Regional CSHCN Centers” brochure. In 2002, each Regional CSHCN Center will develop a website.

The Regional CSHCN Centers have been working closely with LPHDs to establish a variety of parent support opportunities. Some activities include the identification of a CPL in 90% of Wisconsin counties, identification of local parent support groups, and sponsorship of parent educational opportunities. Currently the Regional CSHCN Centers have formal contracts or MOUs to provide service coordination with 67 of the 72 (93%) counties and continue to strive to subcontract with every county statewide.

/2004/ The Regional CSHCN Centers continue to provide outreach, information and referral, training, and parent support opportunities. Regional CSHCN Centers continue to provide materials, posters, and other information to make families aware of available services and supports. All five of the Regional CSHCN Centers have a website.

The Regional CSHCN Centers are focusing their work on the six National Core Outcome Objectives for CSHCN. Focusing on medical and dental home, the Centers will provide training activities to ensure that

LPHDs, CPLs, and other community members become familiar with how to assist families to identify an appropriate medical/dental home, and what steps providers should take in implementing those activities. In addition to parent support opportunities, the Regional CSHCN Centers agree to support parent to parent matching opportunities. //2004//

Wisconsin's Family Planning and Reproductive Health Services Program provides a combination of direct care and support services in all 72 counties. As stated previously, family planning/reproductive health services are funded by Title X in 13 counties at approximately \$3,000,000 annually (the current contractor is Planned Parenthood of Wisconsin). For CY 2001, Title V MCH/CSHCN Program and state GPR totaling \$3,809,215 provides resources to 51 counties. One county receives only GPR funding by a special statute. Title V MCH/CSHCN Program also funds family planning/ reproductive health agencies for early pregnancy testing [Early Identification of Pregnancy (EIDP)] services in all 72 counties.

LPHDs are providing family planning/reproductive health and EIDP services through a negotiated contract or by subcontract in 22 Wisconsin counties (including the Menominee tribal reservation). They had the "right of first refusal" for these funds and chose to accept them. Funding for the remaining 29 counties was released through a competitive RFP. The following non-public agencies were funded: Planned Parenthood of Wisconsin, Inc.; Family Planning Services, Inc.; Northeast Wisconsin Community Action Agency, Inc.; Berlin Memorial Hospital Women's Health and Resource Center; Douglas County Community Clinic, Inc.; and Vilas County Health Services, Inc. In addition, Title V MCH/CSHCN Program/GPR funding is allocated for a specialized adolescent family planning clinic in Milwaukee at the MCW and additional family planning services at the Oneida tribal health clinic. GPR funds are also used for statewide training, TA, and continuing education by Health Care Education and Training (HCET) and to contract for laboratory services at the State Laboratory of Hygiene.

/2003/ No significant change.

/2004/ No significant change. //2004//

Statewide Training for Family Planning and Reproductive Health Services (HCET) - Year 2000 was the first year for the Training, Continuing Education, and Technical Assistance Project is to support cost-effective services and quality care provided through DPH, Title X, and other publicly-funded family planning services. HCET, Inc. provides training, continuing education, and TA based upon the needs identified by publicly-supported family planning/reproductive health providers.

/2003/ Topics in 2001 included: HIPAA training, CPT/ICD-9 Code Training, CPT-based Cost Accounting, management of patients with cytological abnormalities, Hepatitis B, Folic Acid, and Gonorrhea risk assessment and patient selection criteria. HCET organized a Medicaid Family Planning Waiver (FPW) Implementation Workgroup anticipating implementation of the Waiver by January 1, 2003. HCET organized two meetings of statewide family planning providers to look at statewide access to contraceptive

services and related reproductive health services in light of publicly supported services provided in 2000. HCET continued to develop a website www.hcet.org featuring distance learning modules.

/2004/ HCET continues to provide training, continuing education, and TA for Family Planning and Reproductive Health Services statewide. Major work was done in preparation for the January 2003 implementation of the FPW Program. Training topics in 2002 included: CPT and ICD-9 coding, HIPAA, folic acid, teen pregnancy prevention, taking a sexual history, HIV, viral hepatitis, prenatal smoking cessation, and accessing Wisconsin Well Woman program benefits. Wisconsin State Lab of Hygiene updates occurred three times during the year. //2004//

Wisconsin MCH Program Advisory Committee -

/2003/ The MCH Program Advisory Committee advises and makes recommendations to the Wisconsin DPH that assist in the development and maintenance of a comprehensive MCH program, including children with special health care needs. This committee has strong representation not only from physicians, public health leaders, mental and social health professionals, and HMOs, but also from the two Healthy Start Projects, Regional CSHCN Centers, family members, community leaders, and people of diverse racial and ethnic backgrounds. In 1999, the advisory committee elected a parent of a child with special health care needs as a co-chair. In August 2001, we increased the membership to 53, with 12 new appointments. The number of family representatives is now ten, which constitutes 20% of the members.

In July 2001, we implemented the following changes:

1. More specific direction to the committee on concrete items for which we want and need advice in order to strengthen our program.
2. More intense reflection and advice on how to approach long-term complex issues.
3. A renewal of our commitment to trust, respect, dignity, and cohesion among all who are involved in the committee.

We decided to ask the committee to work on one or more specific objectives for a specified period of time and that we identify as needing its input. We determined these objectives based on the MCH Needs and Strengths Assessment, priorities from state and federal 2010 public health plans, and outcome measures.

/2004/ The MCH Program Advisory Committee's work regarding its annual objective related to medical/dental home culminated with participation in the Families Managed Advocacy Project (MAP) Conference in September 2002. The conference provided committee members the opportunity to join parents, providers and advocates interested in children with special needs for discussion and collaboration on efforts to develop medical home and managed advocacy programs. In September 2002, Disparities in Perinatal Health was designated as the new annual objective for committee discussion. //2004//

Annual Symposium -

/2003/ As part of the new direction for the MCH Advisory Committee, the Title V MCH/CSHCN Program decided to convene, a symposium on a current, pressing health topic.

/2004/ The MCH Advisory Committee has provided input to assist in the planning of the perinatal summit, Healthy Babies in Wisconsin: A Call to Action. Advisory Committee members will participate in this event and determine what their role can be to help address the problem. Participants will discuss solutions that are community-based, family-centered and culturally specific. //2004//

Maternal Mortality Review - A new effort to be undertaken by Title V MCH/CSHCN Program staff is the responsibility for convening a state level maternal mortality review team. Since 1953, the Wisconsin Medical Society (WMS) of Wisconsin has conducted maternal mortality reviews. Through a MOU with DHFS, potential cases were identified and sent to the SMS semi-annually. The Title V MCH/CSHCN Program Chief Medical Officer (CMO) and Perinatal Nurse Consultant have attended the case review meetings. All medical records were de-identified and results have been published as ten-year aggregate studies in the Wisconsin Medical Journal.

/2003/ In Wisconsin, 32 maternal deaths have been identified during the three-year period from 1998 to 2000. The next step is to gather information on individual and clinical risks, health care utilization, and community services received. Case-specific data will be summarized and presented to a multi-disciplinary team for a systematic review of important contributing factors amenable to modification or prevention.

/2004/ The Maternal Mortality Review Program continues. During the four-year period from 1998 to 2001, 37 maternal deaths were identified in Wisconsin. In January 2003, questions related to maternal mortality were added to the birth certificate. In 2003 a recommendation report based on maternal deaths from 1998 to 2001 will be completed. //2004//